

Feudal lords of science and medicine

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The current feudal structure of health care^{1,2} is maintained by various mechanisms: the absence of protection for physicians from the reactions of the hierarchy whose misconduct they denounce; the criteria used to appoint and maintain this hierarchy; the lack of independence of local committees, including ethics committees, from their own institutions; and patients' difficulties in accessing their medical records.³⁻⁶ Recent scandals—such as contaminated blood in transfusion medicine—have enabled the public to discover, with dismay, the huge extent of these problems.

Rarely do we realize, however, that feudal systems, in threatening the free expression of physicians and patients, hinder the progress of science and medicine. To better understand this situation, let us scrutinize the curricula of some feudal lords.

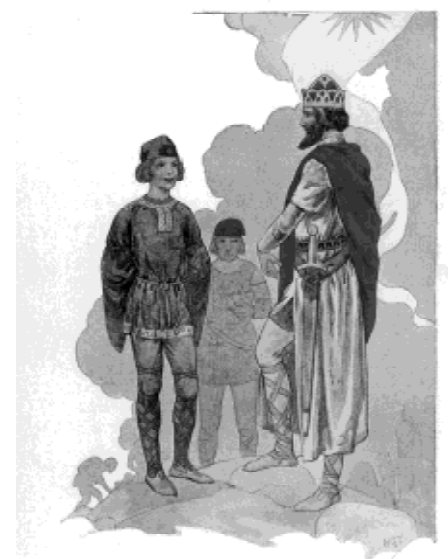
Delving beneath the rhetoric and mutual admiration, we discover that in reality most of “their” work is done by others—by the serfs who do the work, but rarely receive the credit. Membership in the more or less “prestigious” academies or institutions worldwide often has (with a few notable exceptions) little to do with real scientific or medical ability, but rather it is obtained in return for political

favor or to pay off feudal debts. As long as an individual is politically correct and well connected, caring for patients, teaching, or research is not necessary for obtaining a good post. In fact, caring can often be a substantial hindrance to obtaining such a position; questioning too deeply or disagreeing with accepted authority or dogma may cause considerable embarrassment. Good scientists, because of their way of thinking, are rarely good politicians, so the number of opportunists (or worse) gradually increases at the expense of the serious physicians.¹⁻⁶

This undesirable situation will be questioned from time to time, for questioning established dogma and trying to accumulate proof to the contrary is, after all, part of a physician's job and the essence of medicine and science. Usually, the questions arise among young physicians or researchers starting out in their careers with many questions and doubts and much enthusiasm for solving the problems they encounter. They are the lifeblood of science, for it is their questioning that may lead to new discoveries. Unfortunately, they are also a real danger to the status quo because they are bright and will soon realize that the bosses are obtaining a disproportionate share of the harvest.

Should any investigators not realize their (unwritten) obligations, in spite of broad hints from colleagues, or should they have the misguided, utopian idea that they can correct such a state of affairs, they must be dealt with swiftly and efficiently.

First, they will be warned in a fond and jocular manner by the boss that this is how



Feudal lords only reward those who toe the line

things work. The boss will instruct them that the head of the department has a moral obligation to ensure that the medical and scientific output is of sufficiently high standard to maintain the good name of "the Department." If the investigators are smart enough to take the hint and busy themselves to the solemn task of furthering their chief's and their chief's chief's good name, all is forgiven. The "dissidents" will be watched for a while to make sure they realize how lucky they are to be allowed to work in the prestigious department.

Unfortunately, a scientific habit of thought encourages the further questioning, formulation of hypotheses, and the quest for solutions, so it is possible that our hypothetical investigators will continue to dwell on the topic. They may even be so reckless as to collect proof of why the system is not working well and why not much real science is produced in the department. They may, in all innocence, even recommend a solution. At this point, they are placed on a "black list."

The dissidents may face a sudden lack of research funding, removal of academic or ward appointments, or drying up of lecture invitations—just a few of the punishments available to herd the dissident investigators back into line. None of these repercussions are, of course, directly attributable to the boss. He or she may even express sincere concern about the situation, which lamentably is always just outside his or her sphere of influence. Should the dissidents still not get the hint, the accusations against them are intensified and disseminated more widely. They find themselves gradually excluded from the mainstream of academic or hospital life, while their collaborators will notice a similar cooling of attitudes and soon have to make the

uncomfortable choice of saving their own careers. From here, they will remain effectively isolated until they improve their attitude and give the boss credit for any work they are still able to produce under those circumstances. At some point, they may be accepted again in their old circles, although they will never again be fully trusted, and they must be prudent at all times.

When a particularly independent mind still resists such treatment—and (un)fortunately, the best physicians are often the most independent—administrative harassment begins. This 5-step process varies little from case to case or even from country to country, because those who apply it possess a singular lack of creativity:

- 1 Obstacleization. Subtly and then more blatantly, obstacles are presented: the funds dry up, the bureaucratic procedures tighten and become more rigid, decisions are overturned without cause or explanation, and every initiative becomes an effort.
- 2 Provocation. Unjustified accusations, such as lack of punctuality and poor job performance, accompanied by theft of insignificant material, complicate matters and inevitably induce a certain paranoia.
- 3 Reaction. Sooner or later, the persecuted reacts, unable to withstand the continuous pressure and unjustified accusations. This immediately leads to:
- 4 Expulsion. If expulsion is not possible, marginalization by administrative maneuvers is justified by the dissident's reaction. "Lack of respect for superiors," "lack of punctuality," or any other internal regulatory or legal pretext may be grasped if necessary.

- 5 Defamation. The final step is defamation in the widest possible sphere. Labels of "conflictive," "incompetent," and "unreliable" cloud previous achievements and ensure that applications for other positions will not be successful.

Once initiated, it is difficult to halt the process, for the feudal lord feels his or her authority can only be re-established by the complete destruction of the opponent. Scientific authority seems to carry little weight in this entire process and is often dismissed out of hand.¹⁻⁷ The only choices left for the dissident are to resign; to try to move to another department, hospital, or country; or to pursue another area of interest. By this time, the most creative years may be over, largely wasted in fighting the established mediocracy.

In this scenario, the opportunity for real scientific discovery is lost, because all that remains in feudal departments is a rehash of old or imitated material. Promising researchers are weeded out as a threat to the hierarchy and bureaucracy.

References

- 1 Schlaifer D, Rixe O. Lost potential in France? *Science* 1998;279:1431-1432.
- 2 Weckwerth VE. The feudal caste structure of health care. *Can Hosp* 1972;49:28-32.
- 3 Farthing M, Horton R, Smith R. Research misconduct: Britain's failure to act. *BMJ* 2000;321:1485-1486. (See also Rapid Responses to this editorial available at www.bmj.com/cgi/content/full/321/7275/1485)
- 4 Kee F. Patients' prerogatives and perceptions of benefit. *BMJ* 1996;312:958-960.
- 5 Sackett D. The sins of expertness and a proposal for redemption. *BMJ* 2000;320:1283.
- 6 Yamey G. Protecting whistleblowers. *BMJ* 2000;320:70-71.

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